



Bib Data Sheet



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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 197 31 453C2 07/22/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature	Initials			

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**TITLE**

MEDICAL INSTRUMENT, PARTICULARLY A SURGICAL INSTRUMENT

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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